



Exploring the Development of Clinical Writing in the Clinical Doctoral Program in Audiology

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**Doctor of Audiology (AuD) Program
Department of Communication Disorders**

Background

- Audiologists play a crucial role in implementing diagnostic tests and rehabilitative plans for the auditory and vestibular system in various settings; effective communication of diagnostic testing and recommendations through clinical writing is essential.
- **Evaluations:** Graduate Learning Outcome (GLO.5) & Program Learning Outcome (PLO.4)

GLO. 5

“Demonstrate communicative fluency appropriate for the field of study. Communicative fluency can include multiple expressive modes.”

PLO.4

“Upon completion of the program, students will demonstrate oral and written language skills necessary to engage in entry-level clinical practice”

Aim

- To document the evolution of clinical writing skills by evaluating students' clinical writing skills before program completion, allowing the COMD department to review the fulfillment of GLO, PLO, and Accreditation Commission for Audiology Education (ACAEE) core competencies.

Methods

Semester	Class of	Class	Assignment	Due Date
Fall 2022	2026	AUD 6500 Clinical Procedures in Audiology (Year 1)	SOAP Note (CASE A-Y1)	10/12/2022
Fall 2022	2025	AUD 6530 Clinical Practicum in Audiology (advanced) (Year 2)	Clinic Report (CASE C-Y2)	11/18/2022
Fall 2022	2025	AUD 6380 Vestibular System Assessment (Year 2)	Case Assignment #4 (CASE V1)	12/02/2022
Spring 2023	2026	AUD 6510 Clinical Practicum in Audiology (elementary) (Year 1)	Clinic Report # 1 (CASE B-Y1)	02/24/2023
Spring 2023	2026	AUD 6510 Clinical Practicum in Audiology (elementary) (Year 1)	Clinic Report # 2 (CASE C-Y1)	04/15/2023
Spring 2023	2025	COMD 5980 Advanced Vestibular Assessment Special Topics Course (Year 2)	Case Assignment (CASE V2)	04/04/2023

Grading Rubric

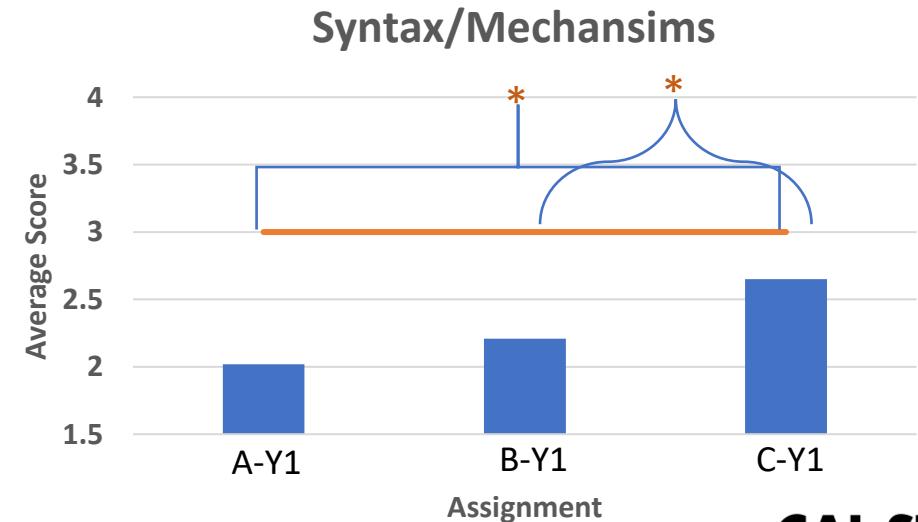
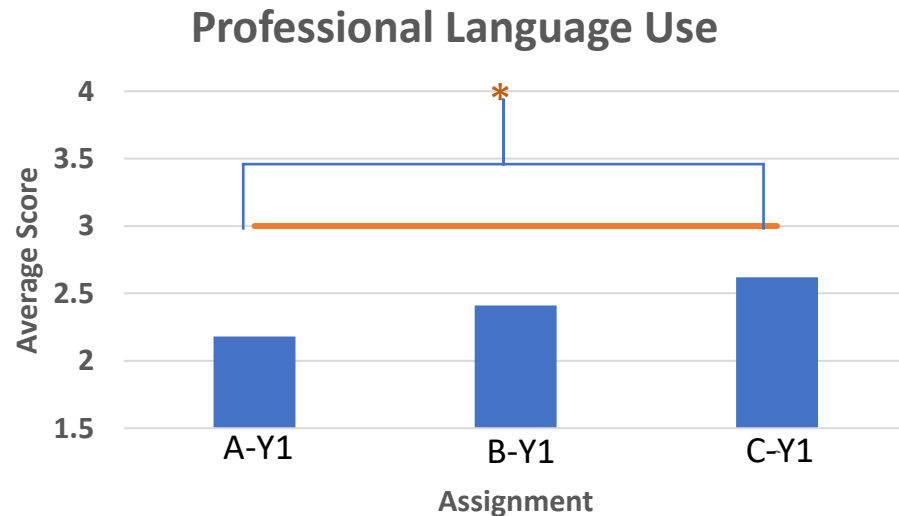
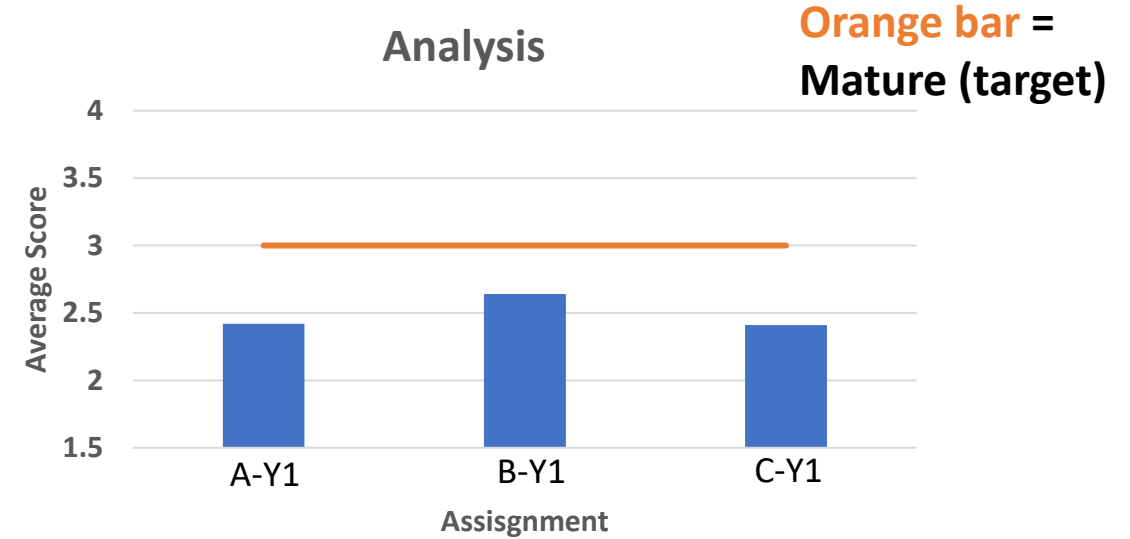
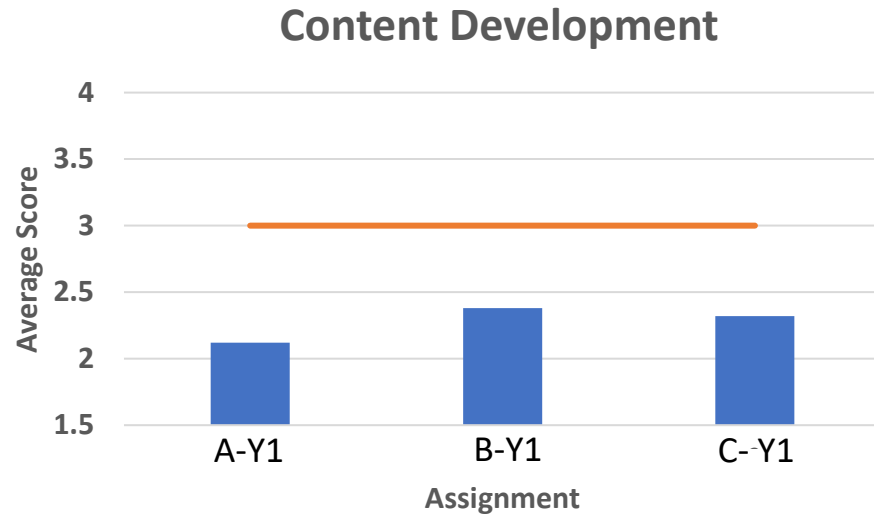
	Beginning	Developing	Mature	Exemplary
Content Development	-Does not include required or relevant components -Includes Irrelevant Information -Includes Inaccurate Information	- Includes all required and relevant components - A few instances of irrelevant information -No inaccurate information	- Includes all required and relevant components AND uses content to develop and explore ideas through the majority of the report -No instances of irrelevant information -Paints a basic and accurate picture of the session	- Includes all required and relevant components AND uses content to develop and explore ideas through the majority of the report AND the report conveys the writer's performance and needs - No instances of irrelevant information - Paints an accurate and whole picture of the session beyond the objective data
Analysis	-Lists data but does not adequately explain OR make appropriate recommendations	-Includes data and an incomplete attempt of analysis AND recommendations	- Synthesizes data and makes limited analysis AND general recommendations	- Synthesizes data to reveal insightful patterns and make thorough and specific recommendations
Use of Professional Language	-No evidence of professional language -Professional terminology is misused or impedes the meaning because of errors in usage	-Little evidence of professional language -Limited and accurate use of professional terminology	-Evidence of professional tone and discipline specific language AND accurate use of professional terminology throughout the majority of the report	-Evidence of professional tone and discipline specific language AND accurate use of professional terminology throughout the entire report
Control of Syntax and Mechanics	-Frequent errors in spelling or grammar (e.g., misused punctuation, incomplete sentences, etc.) -Lack of flow or organization in writing -Frequent tense shifts	- Some spelling or grammatical errors -Some consideration given to organization but poor flow of writing	- Very few spelling and/or grammatical errors - Consistent organization and flow of writing	- No spelling or grammatical errors - Writing exhibits sophisticated organization and flow to fluently and clearly communicate thoughts

•Modified from, "Willis, Laura B. and Piazza, Lindsey (2019) "Developing and Using a Rubric to Provide Feedback and Improve CSD Clinical Writing," *Teaching and Learning in Communication Sciences & Disorders*: Vol. 3: Iss. 2, Article 4. DOI: <https://doi.org/10.30707/TLCSD3.2Willis>"

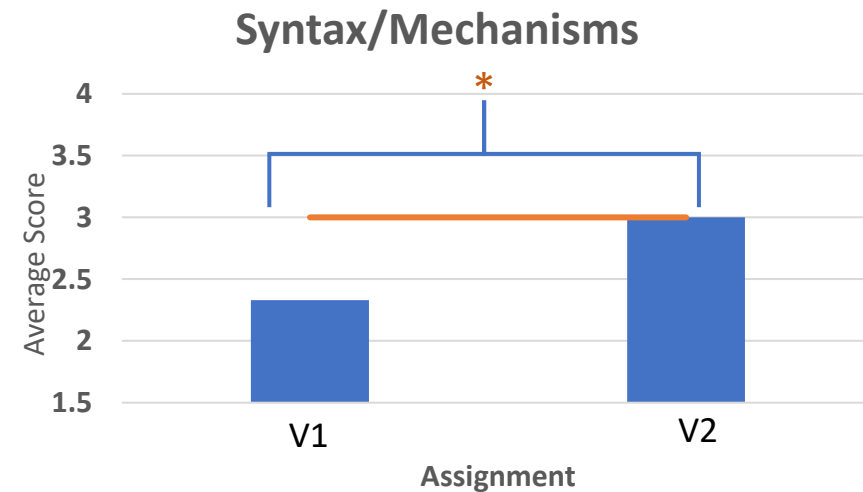
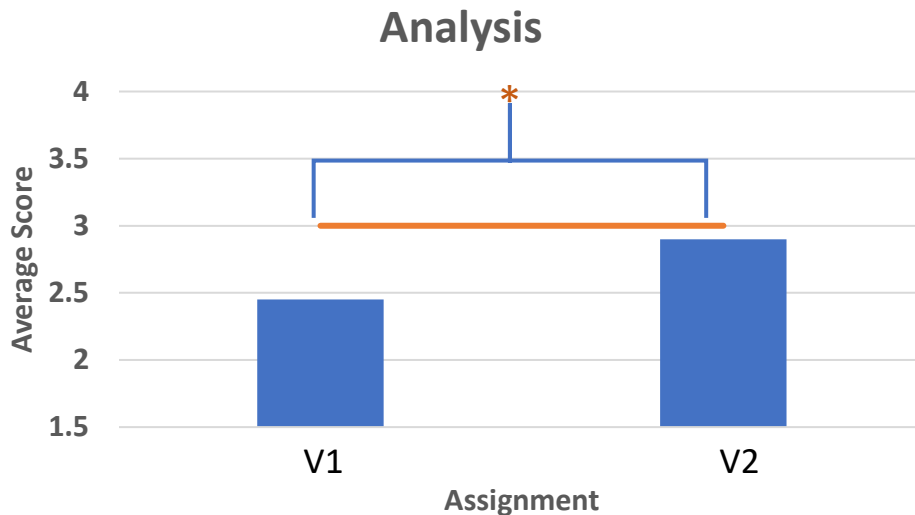
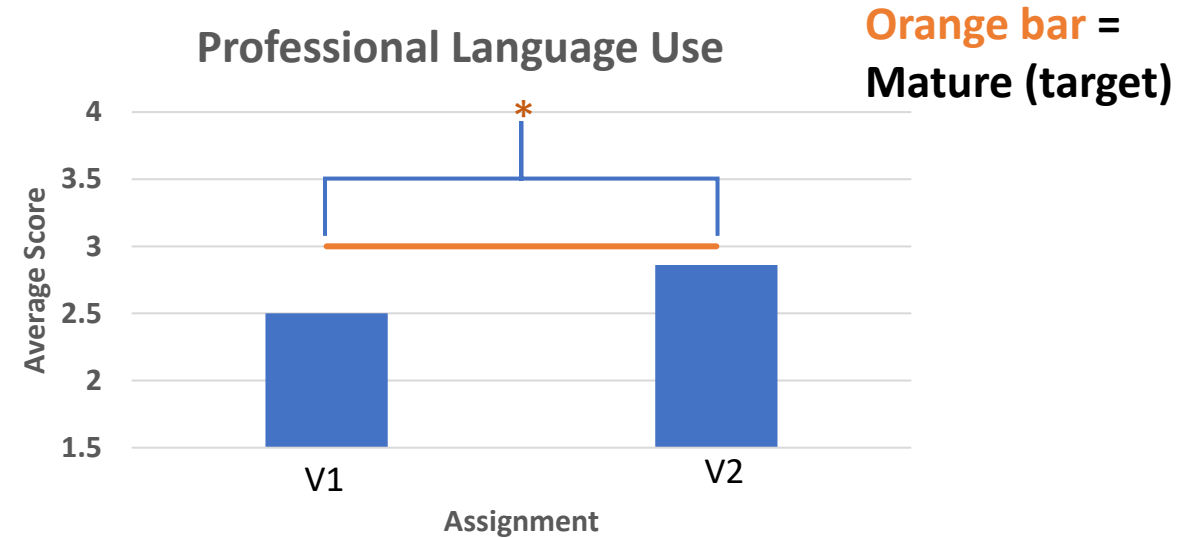
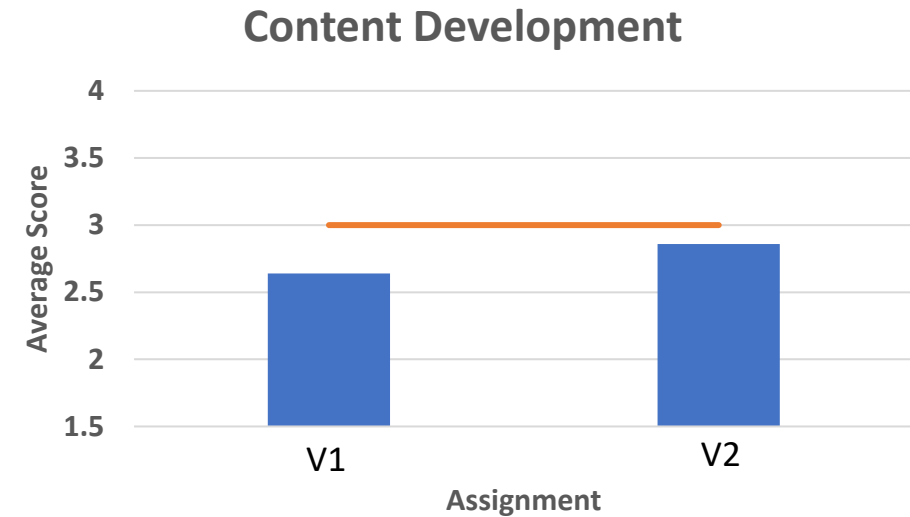
Results

1. Evaluation of the **Class of 2026** Clinic Narrative Reports
 - (CASE A-Y1, B-Y1, & C-Y1)
2. Evaluation of the **Class of 2025** Vestibular Reports
 - (CASE V1 & V2)
3. Comparison of the Class of **2025 & 2026** Clinic Narrative Report
 - (CASE C-Y1 & C-Y2)
4. Post-baccalaureate Student Performance versus Traditional Students
5. Canvas Mastery Score Outcomes

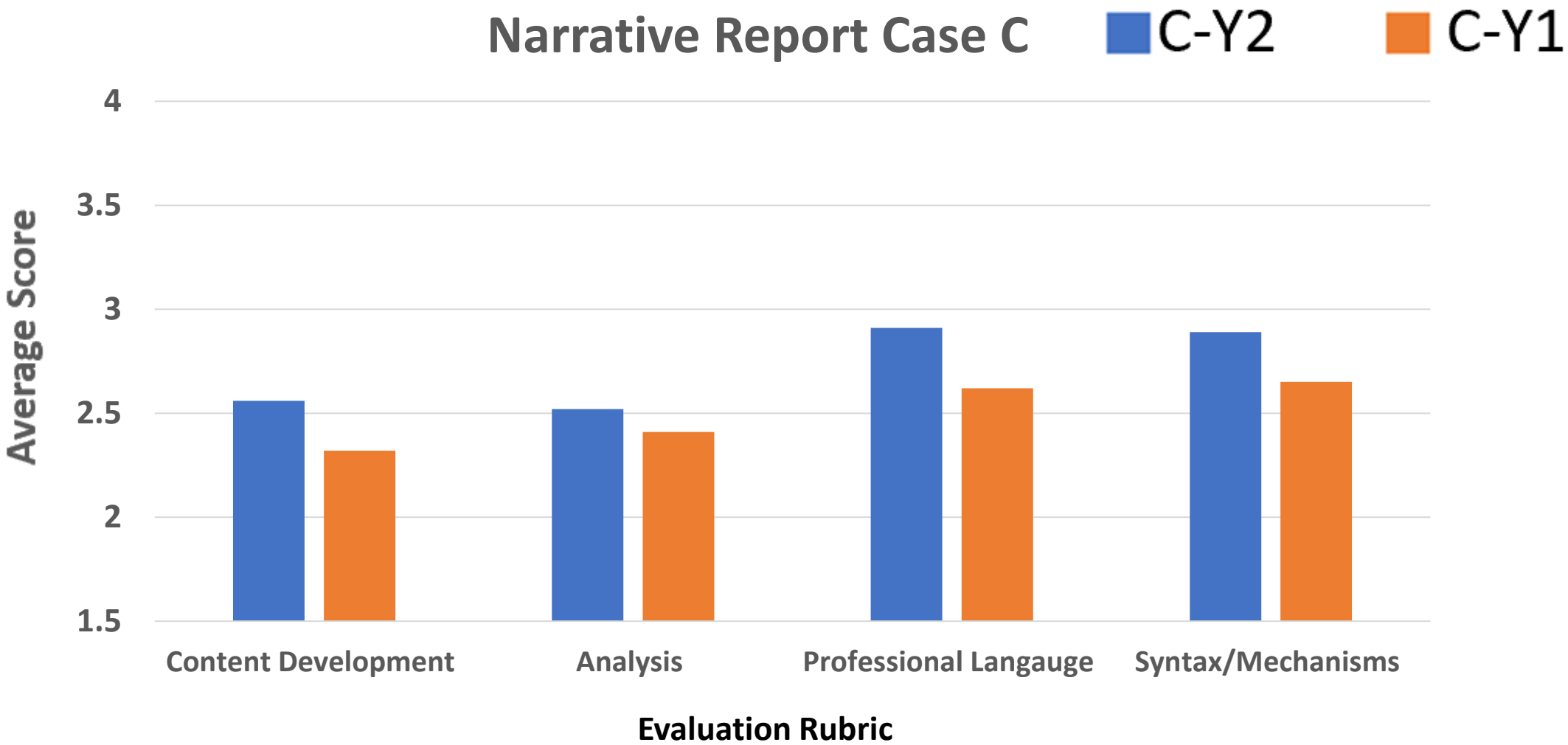
1. Evaluation of the Class of 2026 Narrative Reports



2. Evaluation of the Class of 2025 Vestibular Reports



3. Comparison of the Class of 2025 & 2026 Narrative Report (Case C-Y1vs.C-Y2)



4. Post-baccalaureate Student Performance versus Traditional Students

- An independent samples t-test was performed between average scores across all assessments for the students who completed a post-baccalaureate (n=10) and traditional students (n=12).
- The results indicated that there was **no significant difference** in the average score for content development ($t(20) = -0.04$, $p = 0.97$), analysis ($t(20) = -0.53$, $p = 0.61$), professional language ($t(20) = -0.19$, $p = 0.86$), syntax/mechanisms ($t(20) = -1.16$, $p = 0.26$) and total score ($t(20) = -0.59$, $p = 0.56$).

5. Canvas Mastery Score Outcomes

- The Canvas proprietary decaying average calculation was applied to the collected data set of assignments for each student ($n=18$) regardless of grade level.
- A decaying average calculation was used, which weighted the most recent assignment at 65% of the total score, and previous student assignments were combined at 35% of the total score (Canvas User Guide, 2022).
- The average total score was set at 3 for mastery.
- For all combined submissions ($n=18$) the decaying average total score was 1.84 (SD = 0.49).
- Seven students (39%) across both groups achieved a decaying average total score of 2 or greater (Range:2.0-2.83).

Discussion

- Gradual improvements are documented across most parameters
- Continual errors in **Syntax/Mechanisms** are documented
 - Students are not correcting templates following written feedback
 - Syntax/Mechanisms need to be reviewed in the classroom & clinic
 - Little is known about the student's writing before admission
(No GRE Analytical Writing Measure or spontaneous writing sample)
- **Content Development and Analysis** scores can stagnate in written reports
 - Utilization of a Template
 - Concise language of medical writing
- Utilization of the Decaying Average
 - Value of documenting the corpus of a student's work

Action Item:

- Consider random grading of written clinical reports (AUD 6530)
- Increase low-stakes clinical writing opportunities (AUD 6320 / AUD 6450)

Action Item:

- Templated options are expanded (AUD 6450)
- Increase low-stakes reflective writing opportunities (clinical practicum/ AUD 6450)



LOCATION: The Alhambra
photo from King Hall



**Front Door/Main
Corridor**



Welcome to
Audiology



1000 S Fremont Avenue
Building B-1 Suite B-10200
Alhambra, CA 91803-8800

Contact Us

Cal State LA Hearing & Balance Center

Email abasset@calstatela.edu
 mhisagi@calstatela.edu
 mwinter6@calstatela.edu

To make an appointment for a hearing test or a check of your current hearing aids, please call **626-382-0255** or email **hearingclinic@calstatela.edu**